

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

American Dietetic Association Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW, Suite 48

☐Check if different
than previously
reported. (ACC)

Washington

DC

20036

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00143560

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

☐☐☐in the
State of☐(d) 30-Day
Post -Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the
State of☐

5. Covering Period

04

01

2006

through

04

30

2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

M. Stephanie Patrick

Signature of Treasurer

Electronically Filed by M. Stephanie Patrick

Date

05

08

2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 02/2003)

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	4	0	1	2	0	0	6

To:

M	M	D	D	Y	Y	Y	Y
0	4	3	0	2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2006		71088.21
(b) Cash on Hand at Beginning of Reporting Period	51995.32	
(c) Total Receipts (from Line 19)	15337.54	67556.54
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	67332.86	138644.75
7. Total Disbursements (from Line 31)	12642.09	83953.98
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54690.77	54690.77
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period:

From:

M M
0 4D D
0 1Y Y Y Y
2 0 0 6

To:

M M
0 4D D
3 0Y Y Y Y
2 0 0 6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	3300.00	10275.00
(i) Itemized (use Schedule A)	12037.54	57281.54
(ii) Unitemized	15337.54	67556.54
(iii) TOTAL (add Lines 11(a)(i) and (ii) ➤	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b) and (c)) (Carry Totals to Line 33, page 5) ➤	15337.54	67556.54
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	15337.54	67556.54
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	15337.54	67556.54

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		0.00	0.00
(i) Federal Share.....			
(ii) Non-Federal Share.....		0.00	0.00
(b) Other Federal Operating Expenditures.....		4642.09	51433.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡		4642.09	51433.98
22. Transfers to Affiliated/Other Party Committees.....		0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		8000.00	32500.00
24. Independent Expenditure (use Schedule E)		0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....		0.00	0.00
26. Loan Repayments Made.....		0.00	0.00
27. Loans Made.....		0.00	0.00
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees		0.00	20.00
(b) Political Party Committees		0.00	0.00
(c) Other Political Committees (such as PACs)		0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		0.00	20.00
29. Other Disbursements.....		0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share		0.00	0.00
(ii) "Levin" Share		0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds		0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..		12642.09	83953.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....		12642.09	83953.98

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	15337.54	67556.54
34. Total Contribution Refunds (from Line 28(d))	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15337.54	67536.54
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	4642.09	51433.98
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4642.09	51433.98

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Donna Smith Becker Mailing Address 502 W Kingsley Dr City State Zip Code Arlington Heights IL 60004-1312 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6 Transaction ID: 60503.C78324 Amount of Each Receipt this Period 500.00 Receipt
B. Full Name (Last, First, Middle Initial) Connie B Diekman Mailing Address 344 Elm Valley Dr City State Zip Code Webster Grvs MO 63119-4572 FEC ID number of contributing federal political committee. C Name of Employer Washington University- St. Lou Occupation Director, University Nutrition Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 0 6 Transaction ID: 60503.C78459 Amount of Each Receipt this Period 75.00 Receipt
C. Full Name (Last, First, Middle Initial) Laura M Hill Mailing Address 1409 Burr Oak Dr City State Zip Code Glenview IL 60025-1801 FEC ID number of contributing federal political committee. C Name of Employer Information Requested Occupation REGISTERED DIETITIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00		Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 7 / 2 0 0 6 Transaction ID: 60503.C78527 Amount of Each Receipt this Period 300.00 Receipt

SUBTOTAL of Receipts This Page (optional)

875.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
or each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Ronald S Moen		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address Suite 2000 120 South Riverside Plaza		Transaction ID: 60503.C78343
City State Zip Code Chicago IL 60606	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer American Dietetic Association	Occupation Chief Executive Officer	Payroll Deduction: (50.00- /Pay Period)
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B. Full Name (Last, First, Middle Initial) Mary L South		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 9 / 2 0 0 6
Mailing Address 120 Fey Dr		Transaction ID: 60503.C78322
City State Zip Code Burlingame CA 94010-6027	Amount of Each Receipt this Period 2000.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

C. Full Name (Last, First, Middle Initial) Jane V White		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 2 1 / 2 0 0 6
Mailing Address Department of Family Medicine 1924 Alcoa Hwy		Transaction ID: 60503.C78469
City State Zip Code Knoxville TN 37920	Amount of Each Receipt this Period 375.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer UNIVERSITY OF TENNESSEE	Occupation Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 375.00	

SUBTOTAL of Receipts This Page (optional)

2425.00

TOTAL This Period (last page this line number only)

3300.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ane Marie Kis-Duryea

Mailing Address PO Box 146
103 Sibley Ave

City Ardmore State PA Zip Code 19003-0146

Purpose of Disbursement
BOARD MEMBER TRAVEL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60503.E1496

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

259.06

BOARD MEMBER TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

B. Patricia A McKnight

Mailing Address 322 Naiche Ct

City Columbus State OH Zip Code 43213-3507

Purpose of Disbursement
BOARD TRAVEL EXPENSES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60503.E1497

Date of Disbursement

04 / 20 / 2006

Amount of Each Disbursement this Period

478.40

BOARD TRAVEL EXPENSES

Full Name (Last, First, Middle Initial)

C. Membership Marketing Serv

Mailing Address Attn. Fran Carille
1280 Perimeter Parkway

City Virginia Beach State VA Zip Code 23454-5689

Purpose of Disbursement
CONTRACTED TELEMARKETING SVCS FOR P

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60406.E1493

Date of Disbursement

04 / 06 / 2006

Amount of Each Disbursement this Period

3680.86

CONTRACTED TELEMARKETING SVCS FOR P

SUBTOTAL of Disbursements This Page (optional)

4418.32

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 / 11

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Mary L Watts

Mailing Address 3462-a1 S. Stafford St.

City
Arlington

State
VA

Zip Code
22206-

Purpose of Disbursement
REIMBURSEMENT FOR PAC STAMPS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: 60406.E1490

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	4		2	0	0	6

Amount of Each Disbursement this Period

195.00

REIMBURSEMENT FOR PAC STAMPS

SUBTOTAL of Disbursements This Page (optional)

195.00

TOTAL This Period (last page this line number only)

4613.32

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Congressman Xavier BecerraMailing Address **BECERRA FOR CONGRESS**
PO Box 261060City **Los Angeles** State **CA** Zip Code **90026-**Purpose of Disbursement
XAVIER BECERRA (CA-31-D)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60503.E1495

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Amount of Each Disbursement this Period

1000.00

XAVIER BECERRA (CA-31-D)

Full Name (Last, First, Middle Initial)

B. Senator Jeff BingamanMailing Address **A Lot of People Who Support Jeff B**
PO Box 16210City **Albuquerque** State **NM** Zip Code **87191-**Purpose of Disbursement
JEFF BINGAMAN (NM-D)

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☐ Primary ☒ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60503.E1494

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	1		2	0	0	6

Amount of Each Disbursement this Period

4000.00

JEFF BINGAMAN (NM-D)

Full Name (Last, First, Middle Initial)

C. Congressman Sherrod BrownMailing Address **FRIENDS OF SHERROD BROWN**
607 14th Street NW Suite 800City **Washington** State **DC** Zip Code **20005-**Purpose of Disbursement
SHERROD BROWN [OH-13-D]

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60406.E1492

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	6		2	0	0	6

Amount of Each Disbursement this Period

1000.00

SHERROD BROWN [OH-13-D]**SUBTOTAL** of Disbursements This Page (optional)

6000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Senator Richard M. Burr

Mailing Address PO Box 5928
PO Box 5928

City
Winston Salem

State
NC

Zip Code
27113-5928

Purpose of Disbursement
RICHARD BURR (NC-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60503.E1499

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

RICHARD BURR (NC-R)

Full Name (Last, First, Middle Initial)

B. Senator Olympia J. Snowe

Mailing Address SNOWE FOR SENATE
P.O. Box 2000

City
Portland

State
ME

Zip Code
04104-

Purpose of Disbursement
OLYMPIA SNOWE (ME-R)

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: 2006
☒ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: 60503.E1500

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

OLYMPIA SNOWE (ME-R)

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

8000.00